

<b>Case Number:</b>	CM13-0061185		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/23/1998
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Therapy, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 22, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical fusion surgery; topical agents; epidural steroid injection therapy; and extensive periods of time off work. In a utilization review report of November 25, 2013, the claims administrator denied a request for Voltaren Gel, conditionally denied a request for OxyContin, and conditionally denied a request for Norco. The denials were, in part, administrator denials based on lack of supporting documentation, it was suggested. A November 29, 2012, progress note was handwritten, and notable for comments that the applicant was on OxyContin, Ambien, Soma, Norco, and Nexium at that point in time. The applicant was placed off work and was deemed "permanently disabled," it was suggested at that point. The applicant stated that medications allowed him to ambulate and walk, but nevertheless reported 8/10 pain. In a later letter dated December 6, 2013, the attending provider stated that the applicant's ongoing usage of opioid therapy allowed him to get out of bed, walk, and participate in stretching. Earlier handwritten notes of November 7, 2013, and October 16, 2013, were again difficult to follow, notable for ongoing complaints of 7-8/10 neck pain radiating to the bilateral arms. The applicant was given refills of a variety of agents, including Voltaren Gel, Flexeril, OxyContin, Ambien, Norco, and Nexium on each occasion. The applicant was described as having spasm and diminished range of motion about the neck and was described as "permanently disabled."

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**VOLTAREN GEL 1%, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the treatment of small joint arthritis, which lends itself toward topical application, as, for instance, the hands, wrists, elbows, feet, knees, etc., Voltaren has not been evaluated for treatment in the spine area. In this case, the applicant is reporting complaints of pain about the cervical spine. It is further noted that the applicant has been using Voltaren Gel chronically, despite the tepid to unfavorable MTUS recommendation. The applicant has failed to demonstrate any efficacy or functional improvement through ongoing usage of the same. The applicant remains off work, on "permanent disability." The applicant remains highly reliant and highly dependent on other forms of medical treatment, including cervical epidural steroid injection therapy and opioid therapy. Therefore, the request for Voltaren Gel is not medically necessary.